

Name: \_\_\_\_\_



## **Accounting Specialist**

### **Supplemental Questionnaire**

As stated in the announcement for this position, a completed Supplemental Questionnaire must be submitted with your application for employment in order to be considered in the selection process. The questionnaire provides you an opportunity to present your qualifications for Accounting Specialist. Please answer each question as accurately and thoroughly as possible. Your responses to these questions will determine whether you are among the most qualified of the applicants that will continue in the selection process. Incomplete questionnaires will not be considered.

**Application Deadline:** Applications and Supplemental Questionnaires must be in the possession of the Human Resources Division by 4:00 p.m. on September 18, 2015. Although a resume may be submitted, it will not be accepted as a substitute for any of the required application documents. Postmarks are not accepted. Applications received after 4:00 p.m. September 18, 2015 will not be accepted.

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Please attach your answers to this questionnaire on a separate sheet(s) of paper, with your name and the title of the position you are applying for at the top of each sheet. Your answers should be concise, complete and clear. Limit your answers to 1/2 page per question and number the answers to correspond with the questions.

Be specific as to how many years of experience you possess, your role and where the experience was gained, being sure to highlight experience in a municipal or other governmental setting.

1. Describe your experience and role in the preparation and review of financial publications such as annual budgets or other reports. Be sure to include the use of and level of expertise in financial or other software used in the production of such reports.
2. Provide a summary of your project management and/or implementation experience. Be sure to include a description of the project(s), your role and scope of responsibility, duration of the project(s), and any techniques you used to drive these projects to completion.

Please sign the following certification:

I certify that all statements made in response to this supplemental questionnaire are true, and I agree and understand that misstatements or omissions of material fact may forfeit my rights to employment with the City of Brentwood.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date